



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ
WELTGESUNDHEITSORGANISATION
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ

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«Salutation»,

Tuberculosis is a regional emergency

More than ten years have passed since the World Health Organization (WHO) took the unprecedented step of declaring tuberculosis (TB) a global emergency, with the explanation that TB was at that time among the top 10 causes of death and disability worldwide and out of control in many parts of the world. Global targets for TB control were set up: to treat successfully 85% of detected cases and to detect 70% of estimated infectious cases by the year 2005. The WHO recommended strategy to control TB, named DOTS, has been adopted progressively by 180 countries worldwide (2002). However, it is estimated that in 2003 one third of the world's population was infected with TB and approximately 9 million new TB cases occurred with 2 million related deaths.

TB has become a serious public health concern in the WHO European Region. At its fifty-second session in 2002, the Regional Committee recognized that TB is out of control in many countries of central and eastern Europe (CEE) and in the Commonwealth of Independent States (CIS), and that the rates of multidrug-resistant tuberculosis (MDR-TB) documented in these countries are the highest in the world. It adopted resolution EUR/RC52/R8 on "Scaling up the response to tuberculosis in the European Region of WHO", which included endorsement of the plan to fight TB effectively and expand the DOTS strategy in the WHO European Region from 2002 to 2006. The global targets for TB control were also adopted for the Region.

TB is still an acute public health problem in the WHO European Region and tens of thousands of people die from the disease each year. According to the most recent WHO official statistics (2004), more than 370 000 new TB cases were reported in the Region, the highest number in the last two decades. Eighty per cent of the reported cases occurred in 16 countries, i.e. CIS, the Baltic states and Romania. The current rate of TB case notification observed in these countries can be compared to Africa. In western Europe, increased immigration from countries with high TB prevalence has resulted in cases in immigrants outnumbering indigenous cases. TB is a disease without borders and needs to be tackled jointly by all Member States in the Region.

A major constraint on effective TB control in the Region is the high rate of MDR-TB. According to the latest global report issued jointly by WHO and the International Union against Tuberculosis and Lung Disease, the countries of the former Soviet Union face an unprecedented epidemic of MDR-TB. Other

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challenges are the rapid growth of the HIV epidemic in eastern Europe and central Asia and, as a consequence, the sharp increase in HIV-related TB, the need to reform the health sector with closer involvement of primary health care in TB control, and the still limited political commitment to the DOTS strategy.

DOTS is the internationally recognized strategy for effective TB control and, according to World Bank studies, is among the most cost-effective of all health care interventions available in low- and middle-income countries. The implementation of DOTS started in the WHO European Region in 1995. By 2004 most countries (43 out of 52), including all of the former Soviet Union, were implementing DOTS, but to varying extents. The expected increase in TB incidence due to the current HIV/AIDS epidemic in eastern Europe can undermine the effectiveness of current TB control efforts because of the potential threat of the HIV/AIDS and MDR-TB epidemics overlapping. The expansion of DOTS implementation, including measures to address MDR-TB and HIV-related TB, must therefore be considered a public health priority in the current social and economic situation in the Region and as part of the efforts to reach the Millennium Development Goals for TB, i.e. to halve TB prevalence and mortality by 2015 and to begin to reverse TB incidence.

Higher political and sound technical commitment to the implementation of DOTS is needed in the Region in order to progress as rapidly as possible in this process. The political commitment expressed by some countries in the Region has not yet been transformed into resource allocation and action.

I call on Member States faced with the high burden of TB to increase their national expenditure on rational strategies to address TB and its accompanying social conditions. Eligible countries should apply to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). WHO and its partners should become an important source of technical assistance and coordination. The sustainability of TB control depends largely on working with and mobilizing new partners to maximize and optimize efforts and resources.

In recent years WHO has received increasing requests from Member States for technical support with TB control, including monitoring and evaluation of World Bank- and GFATM-funded activities. However, resources available in WHO for TB control do not allow for adequate support to countries. We believe that the wealthier countries of the Region and the European Union should pay more attention to the TB crisis in the Region and increase their financial contribution to TB control.

Partnership and coordination have already been strengthened through the establishment of the Technical Advisory Group (TAG) for the WHO European Region and the Regional Interagency Coordinating Committee (ICC) on TB, which both hold regular annual meetings. In addition, during the last ICC meeting in September 2004, it was decided to establish a Regional Stop TB Partnership with the aim of creating greater public awareness and political support from a broad spectrum of partners and generating more resources to improve TB control. This would bring stakeholders and decision-makers together with a common agenda in the fight against TB.

In the light of the above, I call on all Member States to ensure that TB is granted the highest priority on the health and development agenda of the WHO European Region.

Yours very truly,

Marc Danzon, M.D.
Regional Director